Schedule E)	PAGE 1 OF 14 FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	C C00489799
Check if X 24-hour report 48-hour report New report Amends report filed on	_ M / D D / Y D Y D Y
	of Public Distribution/Dissemination
	10 25 / 2016
Mailing Address 41-750 Rancho Las Palmas Dr #E-3  Amoun	nt
City State Zip Code	16000.00
Rancho Mirage CA 92270 Trans.	action ID : B634098 of Disbursement or Obligation
Purpose of Expenditure	10 25 2016
Name of Federal Candidate  X Support Office Sough	nt: X House District: 10
Bennett, LuAnn, , ,	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016	nt For: Primary <b>X</b> General other (specify) ▶
	of Public Distribution/Dissemination
Catalist LLC	10 25 2016
Mailing Address 1090 Vermont Ave./Ste. 300 Amou	ınt
City State Zip Code	173.13
	action ID : B634099 of Disbursement or Obligation
Purpose of Expenditure List acquisition-Estimated costs  Category/ Type  003	10 / 25 / 2016
Name of Federal Candidate  Support  Office Sough	nt: 🗶 House District: 10
Bennett, LuAnn, , , Oppose Preside	ent Senate State: VA
Calendar Year-To-Date Per Election for Office Sought  Disbursemen 2016  O	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	16173.13
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	17171
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Schifeling, Deirdre, , , [Electronically Filed] Date	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	II EXI END	HONES		PAGE 2 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Planned Parenthood Votes			C	C00489799
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Catalist LLC			Date of Pub	olic Distribution/Dissemination
Mailing Address 1090 Vermont Ave./Ste. 300			10	25 2016
			Amount	
City	State	Zip Code		129.84
Washington	DC	20006		n ID: B634100 bursement or Obligation
Purpose of Expenditure List acquisition-Estimated costs		Category/ Type 003	10	25 / 2016
Name of Federal Candidate		<b>✗</b> Support	Office Sought:	House District:
Clinton, Hillary, , ,		Oppose	<b>✗</b> President	Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7	3583533.18	Disbursement For: 2016 Other (s	Primary <b>X</b> General specify) ▶
Full Name of Payee	_		Date of Pub	olic Distribution/Dissemination
Liz Figueroa			10	24 2016
Mailing Address 35 Martins Beach Road			Amount	
City	State	Zip Code		1146.60
Half Moon Bay	CA	94019		ID: B634089 bursement or Obligation
Purpose of Expenditure Travel-Estimated costs		Category/ Type 002	10	24 / 2016
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District:
Clinton, Hillary, , ,		Oppose	<b>✗</b> President	Senate State: US
Calendar Year-To-Date Per Election for Office Sought	7 1 7	3583533.18	Disbursement For: 2016 Other (	Primary ★ General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	1276.44
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •	, , , , , , , , , , , , , , , , , , ,
(c) TOTAL Independent Expenditures			· •	P. 1 - 4 - 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Schifeling, Deirdre, , , Signature	[Electron	nically Filed] Date	e 10 / 25	

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Р	lanned Parenthood Votes	C C00489799
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Stones' Phones	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 41-750 Rancho Las Palmas Dr #E-3	Amount
ŀ	City State Zip Code	12000.00
	Rancho Mirage CA 92270	Transaction ID : B634103 Date of Disbursement or Obligation
	Purpose of Expenditure Phone calls-Estimated costs  Category/ Type  003	10 25 2016
Ì	Name of Federal Candidate Support Office	Sought: House District:
	Clinton Hillary	President Senate State: US
	Calendar Year-To-Date Per Election for Office Sought  Disbur 2016	sement For: Primary   General  Other (specify) ▶
ľ	Full Name of Payee	Date of Public Distribution/Dissemination
	Planned Parenthood Action Fund Inc.	10 24 2016
	Mailing Address 123 William St, 10th Floor	Amount
	City State Zip Code	3100.00
	·	Transaction ID : B634105
	Purpose of Expenditure Staff time for direct voter contact-Estimated costs  Category/ Type  001	Date of Disbursement or Obligation
ŀ	Name of Federal Candidate	Sought: House District:
		President Senate State: US
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	rsement For: Primary   General  Other (specify)
(	(a) SUBTOTAL of Itemized Independent Expenditures	15100.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	(c) TOTAL Independent Expenditures	1 7 1 7 1 7
١	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Schifeling, Deirdre, , ,  [Electronically Filed] Date 10	0 25 2016
	Signature	

PAGE

OF

Schedule E)	PAGE 4 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	C C00489799
Check if <b>X</b> 24-hour report 48-hour report <b>X</b> New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
House Majority PAC	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2100 Pennsylvania Ave	Amount
City State Zip Code	8000.00
Washington DC 20037	Transaction ID : B634096 Date of Disbursement or Obligation
Purpose of Expenditure Research services-Estimated costs  Category/ Type 004	10 25 / 2016
Name of Federal Candidate Support Office	e Sought: X House District:10
Comstock, Barbara, , ,	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	orsement For: Primary ★ General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Bully Pulpit Interactive	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1140 Connecticut Ave NW #800	Amount
City State Zip Code	50000.00
Washington DC 20036	Transaction ID : B634097 Date of Disbursement or Obligation
Purpose of Expenditure Digital Ad Buy-Estimated costs  Category/ Type  004	10 / 25 / Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 10
Comstock, Barbara, , ,	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought  Disbute 2016	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	58000.00
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Schifeling, Deirdre, , ,  [Electronically Filed] Date	0 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	PAGE 5 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	C C00489799
Check if 24-hour report 48-hour report New report Amends report filed on	M / D D / Y D Y D Y
Full Name of Payee Date of	Public Distribution/Dissemination
76 Words	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1806 Vernon St, NW #100 Amount	t Total
City State Zip Code	2300.00
Washington DC 20009 Transac Date of	ction ID : B634102 Disbursement or Obligation
	10 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	➤ House District:10
Comstock, Barbara, , , Presiden	Senate State: VA
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016  Oth	For: Primary ✗ General ner (specify) ▶
	Public Distribution/Dissemination
	10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 35 Martins Beach Road Amount	t
City State Zip Code	1146.60
Date of	tion ID : B634091 f Disbursement or Obligation
	0 / 24 / 2016
Name of Federal Candidate  Support  Office Sought:	House District:
Cortez-Masto, Catherine, , , Oppose Presider	nt Senate State: NV
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016  Oth	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	3446.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) SOBTOTAL OF OTHER INCEPTION LEXPERIMENTS	7 7 7
(c) TOTAL Independent Expenditures	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Schifeling, Deirdre, , ,   [Electronically Filed] Date  Signature	25 / 2016

Schedule E)				PAGE 6 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes				C C00489799
Check if 24-hour report 48-hour report	<b>X</b> New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee			Date	e of Public Distribution/Dissemination
Priorities USA				10 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 601 13th Street NW Suite 610N			Amo	punt
City	State	Zip Code		3452.10
Washington	DC	20005		nsaction ID : B634093 e of Disbursement or Obligation
Purpose of Expenditure Digital Ad Buy-Estimated costs		Category/ Type 004		10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		<b>x</b> Support	Office Sou	ght: House District:
Cortez-Masto, Catherine, , ,		Oppose	Presi	dent Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	, , ,	1880701.40	Disburseme 2016	ent For: Primary   General  Other (specify)
Full Name of Payee			Date	e of Public Distribution/Dissemination
Priorities USA				10
Mailing Address 601 13th Street NW Suite 610N			Amo	ount
City	State	Zip Code		13315.14
Washington	DC	20005		saction ID : B634094 e of Disbursement or Obligation
Purpose of Expenditure Digital Ad Buy-Estimated costs		Category/ Type 004		10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sou	ght: House District:
Heck, Joseph, , ,		<b>X</b> Oppose	Pres	ident Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	, , ,	1880701.40	Disburseme 2016	ent For:
(a) SUBTOTAL of Itemized Independent Expenditure	is.			16767.24
( <b>-</b> ) <b>- - - - - - - - - -</b>				10707.24
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		• •	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Schifeling, Deirdre, , , Signature	[Electron	ically Filed] Date	e 10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

S	chedule E)	PAGE 7 OF 14 FOR SE OF FORM 24/48
N/	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
P	Planned Parenthood Votes	C C00489799
Ch	neck if X 24-hour report 48-hour report New report Amends report	filed on fil
	Full Name of Payee	Date of Public Distribution/Dissemination
	76 Words	10 24 2016
	Mailing Address 1806 Vernon Street, Ste. #100	Amount
	City State Zip Code	5500.00
	Washington DC 20009	Transaction ID : B634085 Date of Disbursement or Obligation
	Purpose of Expenditure Digital Ad Production-Estimated costs  Category/ Type  004	10 / 24 / 2016
	Name of Federal Candidate Support	Office Sought: House District:
	Heck, Joseph, , ,	President X Senate State: NV
	Odiciladi ical lo bato	Disbursement For: Primary   General  Other (specify)   General
	Full Name of Payee	Date of Public Distribution/Dissemination
	Liz Figueroa	10 / 24 / 2016
	Mailing Address 35 Martins Beach Road	Amount
	City State Zip Code	1146.60
	Half Moon Bay CA 94019	Transaction ID : B634088  Date of Disbursement or Obligation
	Purpose of Expenditure Travel-Estimated costs  Category/ Type 002	10 / 24 / Y 2016
	Name of Federal Candidate Support	Office Sought: House District:
	Heck, Joseph, , ,	President Senate State: NV
	Calendar Year-To-Date Per Election for Office Sought 1880701.40	Disbursement For:  Primary  General 2016  General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	6646.60
	(b) SUBTOTAL of Unitemized Independent Expenditures	<b>)</b>
	(c) TOTAL Independent Expenditures	<b>&gt;</b>
	Under penalty of perjury I certify that the independent expenditures reported herein were n with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
	Schifeling, Deirdre, , ,  [Electronically Filed] Date Signature	10 / 25 / 2016

Schedule E)		PAGE 8 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes		C C00489799
Check if <b>X</b> 24-hour report 48-hour report <b>X</b> New report	Amends report filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee Planned Parenthood Action Fund Inc.		Date of Public Distribution/Dissemination
Mailing Address 123 William St, 10th Floor		10 24 2016 Amount
City State Zip	Code	3100.00
1 '	038	Fransaction ID : B634108 Date of Disbursement or Obligation
Purpose of Expenditure Staff time for direct voter contact-Estimated costs  Ci	ategory/ Type 001	10 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District:
McGinty, Katie, , ,		President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 262	Disburs 2016	ement For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee Planned Parenthood Action Fund Inc.  Mailing Address 123 William St, 10th Floor		Date of Public Distribution/Dissemination  10 / 24 / 2016  Amount
City State Zip	Code	3100.00
	0038 T	ransaction ID : B634107 Date of Disbursement or Obligation
Purpose of Expenditure Staff time for direct voter contact-Estimated costs  Ci	ategory/ Type 001	10 24 2016
Name of Federal Candidate	Support Office S	Sought: House District:
Toomey, Pat, , ,		President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 262	Disburs 28485.59 Disburs 2016	ement For: Primary ★ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······	6200.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	1 1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures	· · ·	
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
Schifeling, Deirdre, , , [Electronical]	y Filed] Date 10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	C C00489799
Check if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee 76 Words	Date of Public Distribution/Dissemination
	10 24 2016
Mailing Address 1806 Vernon Street, Ste. #100	Amount
City State Zip Code	650.00
Washington DC 20009	Transaction ID : B634086 Date of Disbursement or Obligation
Purpose of Expenditure Digital Ad Production-Estimated costs  Category/ Type  004	10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Toomey, Pat, , ,	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2628485.59	ursement For:  Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Priorities USA	10 24 2016
Mailing Address 601 13th Street NW Suite 610N	Amount
City State Zip Code	76864.95
Washington DC 20005	Transaction ID : B634095  Date of Disbursement or Obligation
Purpose of Expenditure Digital Ad Buy-Estimated costs  Category/ Type 004	10 24 2016
Name of Federal Candidate Support Office	e Sought: House District:
Toomey, Pat, , ,	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought  Disb 2016	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	77514.95
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Schifeling, Deirdre, , ,  [Electronically Filed] Date  Signature	0 25 2016

			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes			C C00489799
Check if 24-hour report 48-hour	report New report Am	nends report filed	on Mam / Dad / Yayayay
Full Name of Payee Priorities USA			Date of Public Distribution/Dissemination
			10 24 2016
Mailing Address 601 13th Street NW St	uite 610N		Amount
City	State Zip Code		25621.63
Washington	DC 20005		Transaction ID : B634092 Date of Disbursement or Obligation
Purpose of Expenditure Digital Ad Buy-Estimated costs	Category/ Type	004	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support Office	Sought: House District:
Trump, Donald, , ,	X	Oppose x	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought	3583533.18		rsement For:  Primary  General  Other (specify) ▶
Full Name of Payee 76 Words			Date of Public Distribution/Dissemination
Mailing Address 1806 Vernon St, NW	/#100		10 24 2016 Amount
City	State Zip Code		650.00
Washington	DC 20009		Transaction ID : B634087 Date of Disbursement or Obligation
Purpose of Expenditure Digital Ad Production-Estimated costs	Category/ Type	004	10 24 2016
Name of Federal Candidate		Support Office	Sought: House District:
Trump, Donald, , ,	X	Oppose x	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought	3583533.18	0040	orsement For: Primary   General  Other (specify)
(a) SUBTOTAL of Itemized Independent	Expenditures	······	26271.63
(b) SUBTOTAL of Unitemized Independ	ent Expenditures	·····	
(c) TOTAL Independent Expenditures		······	
	any candidate or authorized committee		nde in cooperation, consultation, or concert r, or (if the reporting entity is not a political
Schifeling, Deirdre, , , Signature	[Electronically Filed]	Date 1	0 25 2016
- 😈			

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OF

Schedule E)	PAGE 11 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	C00489799
Check if 24-hour report 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee Date of	Public Distribution/Dissemination
Liz Figueroa	
Mailing Address 35 Martins Beach Road  Amount	
City State Zip Code	1146.60
Half Moon Bay CA 94019 Transac Date of	tion ID : B634090 Disbursement or Obligation
Purpose of Expenditure Travel-Estimated costs  Category/ Type 002	
Name of Federal Candidate Support Office Sought:	House District:
Trump, Donald, , ,	Senate State: US
Calendar Year-To-Date Per Election for Office Sought  Disbursement F 2016  Other	For: Primary <b>X</b> General er (specify) ▶
	Public Distribution/Dissemination
Catalist LLC	
Mailing Address 1090 Vermont Ave./Ste. 300 Amount	
City State Zip Code	129.84
Date of	ion ID : B634101 Disbursement or Obligation
Purpose of Expenditure List acquisition-Estimated costs  Category/ Type  003	
Name of Federal Candidate Support Office Sought:	House District:
Trump, Donald, , ,	t Senate State: US
Calendar Year-To-Date Per Election for Office Sought  Disbursement F 2016  Other	For: Primary ★ General er (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	1276.44
	7
(b) SUBTOTAL of Unitemized Independent Expenditures	4 1 4 1 4
(c) TOTAL Independent Expenditures	77- 1 79- 1 72- 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coowith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Schifeling, Deirdre, , ,   [Electronically Filed] Date 10	25 / 2016

Schedule E)	DEITI EXI EITE	TOTILO		PAGE 12 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FFC II	DENTIFICATION NUMBER ▼
Planned Parenthood Votes			C	C00489799
Check if 24-hour report 48-hour repo	rt New re	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Planned Parenthood Action Fu	nd Inc.		Date of Publi	ic Distribution/Dissemination
Mailing Address 123 William St, 10th Floor			Amount	24 2016
City	State	Zip Code		3100.00
New York	NY	10038		ID: B634106 ursement or Obligation
Purpose of Expenditure Staff time for direct voter contact-Estimated c	osts	Category/ Type 001	Date of Disp	/ 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
Trump, Donald, , ,		<b>X</b> Oppose	<b>✗</b> President	Senate State: US
Calendar Year-To-Date Per Election for Office Sought		3583533.18	Disbursement For: 2016 Other (s	Primary <b>✗</b> General pecify) ▶
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Stones' Phones			10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 41-750 Rancho Las Palma	as Dr #E-3		Amount	
City	State	Zip Code		12000.00
Rancho Mirage	CA	92270	Transaction I  Date of Disb	D: B634104 ursement or Obligation
Purpose of Expenditure Phone calls-Estimated costs		Category/ Type 003	10	25 2016
Name of Federal Candidate		Support	Office Sought:	House District:
Trump, Donald, , ,		<b>X</b> Oppose	<b>x</b> President	Senate State: US
Calendar Year-To-Date Per Election for Office Sought		3583533.18	Disbursement For: 2016 Other (s	Primary <b>X</b> General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		<b>&gt;</b>	15100.00
(b) SUBTOTAL of Unitemized Independent E	kpenditures			1 1 2 1 2 2
(c) TOTAL Independent Expenditures			<b>)</b>	
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	andidate or authorize			
Schifeling, Deirdre, , , Signature	[Electro	nically Filed] Date	9 10 25	2016

	silicatic Ly			FOR SE OF	FORM 24/48			
	AME OF COMMITTEE (In Full)	FEC II	DENTIFICATIO	N NUMBER ▼				
Ρ	Planned Parenthood Votes		С	C00489799				
Check if 24-hour report 48-hour report New report Amends report filed on								
	Full Name of Payee We Vote Nosotros Votamos -PP Advoc. Mar Monte PAC			c Distribution/I	Dissemination			
				25	2016			
	Mailing Address 1605 The Alameda							
	City State Zip Code			7183.50				
	San Jose CA 95126	·			Transaction ID : B634110 Date of Disbursement or Obligation			
	Purpose of Expenditure Canvassing-Estimated costs  Category/ Type 003	3	10	25	2016			
	Name of Federal Candidate Support	Office	e Sought:	House [	District:			
	Clinton, Hillary, , ,	x	President	Senate	State: US			
	Calendar Year-To-Date Per Election for Office Sought 3583533.18	Disbu 2016		Primary	<b>x</b> General			
			Other (sp	pecify) ►				
	We Vote Nosotros Votamos -PP Advoc. Mar Monte PAC		M = M	ic Distribution/	Y Y Y Y Y			
	Mailing Address 1605 The Alameda		10 Amount	25	2016			
	City State Zip Code				7183.50			
	San Jose CA 95126		Transaction II	<b>D : B634112</b> ursement or C				
	Purpose of Expenditure Canvassing-Estimated costs  Category/ Type 003	3	10	25	2016			
	Name of Federal Candidate Support	Offic	e Sought:	House	District:			
	Cortez-Masto, Catherine, , ,		President	<b>x</b> Senate	State: NV			
	Calendar Year-To-Date Per Election for Office Sought 1880701.40	Disbi 2016	ursement For: Other (s	Primary pecify) ▶	<b>✗</b> General			
(a) SUBTOTAL of Itemized Independent Expenditures								
(b) SUBTOTAL of Unitemized Independent Expenditures								
(c) TOTAL Independent Expenditures								
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
	Schifeling, Deirdre, , ,  [Electronically Filed] Dat		M / D D D D D D D D D D D D D D D D D D	/ Y Y Y 2010	Y			
	Signature							

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	meduic Ly			FOR SE OF	FORM 24/48			
	ME OF COMMITTEE (In Full)		FEC ID	ENTIFICATIO	N NUMBER ▼			
Ρ	lanned Parenthood Votes		C	C00489799				
Check if 24-hour report 48-hour report New report Amends report filed on								
П	We Vote Nosotros Votamos -PP Advoc. Mar Monte PAC			Distribution/E	Dissemination			
				25	2016			
	Mailing Address 1605 The Alameda			Amount				
	City State Zip Code	— Г			7183.50			
	San Jose CA 95126		Transaction ID : B634111 Date of Disbursement or Obligation					
	Purpose of Expenditure Canvassing-Estimated costs  Category/ Type	003	10	25	2016			
	Name of Federal Candidate Supp	port Office Sou	ıght:	House [	District:			
	Heck, Joseph, , ,			<b>S</b> enate	State: NV			
	Calendar Year-To-Date Per Election for Office Sought 1880701.40	Disbursen 2016		Primary	<b>✗</b> General			
			Other (spe					
	Full Name of Payee We Vote Nosotros Votamos -PP Advoc. Mar Monte PAC	Da	M = M /	Distribution/I	Y = Y = Y = Y			
	Mailing Address 1605 The Alameda	An	10 nount	25	2016			
	City State Zip Code				7183.50			
	San Jose CA 95126			<b>D: B634109</b> Irsement or O				
	Purpose of Expenditure Canvassing-Estimated costs  Category/ Type	003	10 /	25	2016			
	Name of Federal Candidate Supp	port Office So	ught:	House [	District:			
	Trump, Donald, , ,	pose 🗶 Pre	sident	Senate	State: US			
	Calendar Year-To-Date Per Election for Office Sought 3583533.18	Disbursen 2016	nent For: Other (sp	Primary ecify) ▶	<b>✗</b> General			
(a) SUBTOTAL of Itemized Independent Expenditures								
(b) SUBTOTAL of Unitemized Independent Expenditures								
(c) TOTAL Independent Expenditures								
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
	Schifeling, Deirdre, , ,  [Electronically Filed]	Date 10	/ 25	/ Y Y 2016	Y Y Y			
	Signature							
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